U S Department of Labor Office of Labor Management Standards

Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fascal Year Covered From		<u></u>						
3 Name and address of person filing Name   Stanley   P   Emerick   Labor Organization File Number & Pipefitters   Labor Organization File Number & Pipefitters   Labor Organization File Number & Pipefitters   Labor Organization File Number & File File File File File File File File	1 File Number U 9466			2 Fiscal Year Covered From				
Name   Stanley   P   Emerick   Local 671 Plumbers & Pipefitters   Labor Organization File Number   C557151   PO Box Bidg Room No if any   PO Box Building and Room Number if any   Street   309 Detroit Ave   State   Michigan   ZiP Code + 4   48162   State   Michigan   ZiP Code + 4   48162   State   Michigan   ZiP Code + 4   48162   Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions)  A Heid an interest in engaged in transactions (including loans) with or derived income or other conomic benefit of monotary value from an amployer whose employees your organization represents or is actively seeking to represent  8 Name and address of Employer (including trade name if any) Name   Trade Name if any   To Amount   Street   ZiP Code + 4   Signature   Signature    15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned Strowledge and belief two cornect and complete (See the section on penalties in the instructions)  Signed Manual R & Manual Complete (See the section on penalties in the instructions)				1 / 1 / 2004 Through 12 / 31 / 2004				
Labor Organization File Number	3 Name and address of person filing				4 Name file number and address of labor organization			
Street 309 Detroit Ave  City Monroe  State Michigan ZiP Code + 4 48162  Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (oxcept as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic banefit of monetary value from an amployer whose employees your organization represents or is actively seeking to represent  8 Name and address of Employer (including trade name if any)  7 a Nature of interest Transaction of Income  7 a Nature of interest Transaction of Income  7 b Amount  8 Signature  15 Signature and verification The undersigned declares under penalty of Pepury and other applicable penalties of the law that ell of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the agrationy and is to the best of the undersigned & knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signed Many E much	Name Stanley P Emerick			Name Local 671 Plumbers & Pipefitters				
Street 309 Detroit Ave  City Monroe  State Michigan  ZIP Code +4 48162  Finance Committee  Enter appropriate data below if during the past flacal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bidg Room No if any  T b Amount  Street  City  State  ZIP Code +4  To Amount  Signature  15 Signature and verification. The undersigned declares under penalty of Penjury and other applicable penalties of the law that all of the information submitted in the report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sk nowledge and belief true correct and complete (See the section on penalties in the instructions)  Signet Manual  Street  On 07/11/2005 (734) 242-5711				Labor Organization File Number 058719				
State Michigan  ZIP Code +4 48162  Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Hold an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees expure organization represents or is actively seeking to represent  8 Name and address of Employer (including trade name if any)  PO Box Bidg Room No if any  Table Name if any  PO Box Bidg Room No if any  To Amount  Street  City  Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)  (734) 242-5711	PO Box Bldg Room No If any			P O Box Building and Room Number if any				
State Michigan ZIP Code +4 48162 State Michigan ZIP Code +4 48162  5 Position in labor organization Finance Committee  Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  PO Box Bidg Room No if any  Street  City  State  ZIP Code + 4  Signature  15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signed Stanth F E much  On 07/11/2005 (734)242-5711	Street 309 Detroit Ave			Street 309 Detroit Ave				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bildg Room No if any  T b Amount  Street  City  State  ZIP Code + 4  Signature  15 Signature and verification. The undersigned declares under penalty of Pergury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signature  On   07/11/2005 (734) 242-5711	City Monroe			City Monroe				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  PO Box Bidg Room No if any  Signature  15 Signature and verification. The undersigned declares under penalty of Pegury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sknowledge and belief true correct and complete (See the section on penalties in the instructions)  Signature  A Nature of Interest: Transaction or Income  7 b Amount  Signature  15 Signature and verification. The undersigned declares under penalty of Pegury and other applicable penalties of the law that all of the Information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sknowledge and belief true correct and complete (See the section on penalties in the instructions)  Signature  15 Signature  16 Name and address of Employer (including the penalties of the law that all of the Information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sknowledge and belief true correct and complete (See the section on penalties in the instructions)	State Michigan		ZIP Code + 4 48162	State	Michigan	ZIP Code + 4	48162	
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  8. Name and address of Employer (including trade name if any)  Name  Trade Name if any  P.O. Box Bidg Room No if any  Signature  15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sknowledge and belief true correct and complete (See the section on penalties in the instructions)  Signature  15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the Information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sknowledge and belief true correct and complete (See the section on penalties in the instructions)  Signature  15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the Information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned sknowledge and belief true correct and complete (See the section on penalties in the instructions)	5 Position in labor organization Finance Committee							
Name Trade Name if any  PO Box Bldg Room No if any  To Amount  Street  City  State  ZIP Code + 4  Signature  15 Signature and verification The undersigned declares under penalty of Penury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signed Standy P Emmily  On 07/11/2005 (734)242-5711	Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of							
Trade Name if any  P O Box Bidg Room No if any  Street  City  State  ZIP Code + 4  Signature  15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signed  Signed  Standa P Emmh  On 07/11/2005 (734) 242-5711	6 Name and address of Employer (including trade name if any)				7 a Nature of Interest Transaction or Income			
PO Box Bidg Room No if any  7 b Amount  Street  City  State  ZIP Code + 4  Signature  15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned is knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signed Stanly P Emmh  On 07/11/2005 (734) 242-5711	Name							
Street  City  State  ZIP Code + 4  Signature  Signature  15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signed Stanly P E much  On 07/11/2005 (734) 242-5711	Trade Name of any							
State Signature  Signature  Signature  15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signed Manh P Emmh On 07/11/2005 (734) 242-5711	P O Box Bldg Room No If any				7 b Amount			
Signature  Signature  15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signed Stanty P Emitter  On 07/11/2005 (734)242-5711	Street						†	
Signature  15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)  Signed Stanly P Emuch  On 07/11/2005 (734) 242-5711	City							
15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)  Signed Stanly P Emuch  On 07/11/2005 (734) 242-5711	State		ZIP Code + 4					
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)  Signed Stanly P E much  On 07/11/2005 (734)242-5711	Signature							
Signed         Stanly         F         F         Image: Control of the control of	submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the							
	Signed Stanly P Emuch						er	

Name of Person Filing Stanley Emerick File Number U B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name Local 671 Health & Welfare Trust a Labor Organization Trade Name if any b Trust PO Box Bldg Room No If any c Employer Street 309 Detroit Ave Monroe ZIP Code + 4 48162 State Michigan 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name reimbursementfor lost time wages Name Trade Name if any PO Box Bldg Room No if any Street 11 b Approximate dollar value of such dealing \$220 City 12 a Nature of interest held or income received See Above ZIP Code + 4 State \$220 12 b Amount C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name If any PO Box Bldg Room No if any Street City ZIP Code + 4 State 14 b Amount of payment 13 b Is the Business an Employer or Consultant

**ر-پر**